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MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STANDARD CERTIFICATE OF DEATH		Arizona State Board of Health		BUREAU OF VITAL STATISTICS	
1. PLACE OF DEATH		County <u>Navajo</u> State <u>ARIZONA</u>		State File No. <u>938</u>	
Township _____ or Village <u>Hecher</u>		City _____ No. _____		Registered No. <u>920</u>	
Length of residence in city or town where death occurred <u>28</u> yrs. _____ mos. _____ ds.		(If death occurred in a hospital or institution, give its NAME instead of street and number)		St. _____ or _____	
2. FULL NAME <u>Joseph Isaias Porter</u>		How long in U. S. if of foreign birth? _____ yrs. _____ mos. _____ ds.		How long in State when death occurred? <u>54</u> yrs. <u>6</u> mos. _____ ds.	
(a) Residence No. _____ (Usual place of abode)		St. _____ Ward _____		(If non-resident give city or town and State)	
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, or DIVORCED, (Write the word) <u>Widowed</u>			
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>Mary Mand. Shelly</u>					
6. DATE OF BIRTH (month, day, and year) <u>June 24 1866</u>					
7. AGE	Years <u>66</u>	Months <u>11</u>	Days <u>6</u>	If LESS than 1 day, _____ hrs. or _____ min.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>				
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.				
	10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____				
MOTHER FATHER	12. BIRTHPLACE (city or town) (state or country) <u>Porterville, Calif.</u>				
	13. NAME <u>Sanford Porter</u>				
	14. BIRTHPLACE (city or town) (State or country) <u>Vienna, Ohio</u>				
	15. MAIDEN NAME <u>Malinda Ann Porter</u>				
MOTHER FATHER	16. BIRTHPLACE (city or town) (State or country) <u>Vanburg, Ind.</u>				
	17. INFORMANT (Address) <u>Mrs. Edith Whitmer</u>				
18. BURIAL, CREMATION, OR REMOVAL					
Place <u>Hecher, Arizona</u> Date <u>May 30, 1933</u>					
19. UNDERTAKER (Address) _____					
20. Filed <u>June 6</u> , 1933 <u>Mrs. Alva Porter</u> Registrar					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>May 29th 1933</u>					
22. I HEREBY CERTIFY, That I attended deceased from <u>5/26</u> , 19 <u>33</u> , to _____, 19____					
I last saw him alive on <u>5/26</u> , 19 <u>33</u> ; death is said to have occurred on the date stated above, at <u>9:30 A.</u> m.					
The principal cause of death and related causes of importance were as follows:					
<u>Arterio stenosis</u>					Date of Onset <u>✓</u>
<u>Myocarditis</u>					
Other contributory causes of importance:					
<u>Unknown</u>					
Name of operation <u>None</u> Date of _____					
What test confirmed diagnosis <u>Clinical</u> Was there an autopsy? <u>No</u>					
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? <u>✓</u> Date of injury _____, 19____					
Where did injury occur? <u>✓</u> (Specify city or town, county and State)					
Specify whether injury occurred in industry, in home, or in public place.					
Manner of injury <u>✓</u>					
Nature of injury <u>✓</u>					
24. Was disease or injury in any way related to occupation of deceased? <u>No</u>					
If so, specify _____					
(Signed) <u>H. M. Wilson</u> M. D.					
(Address) <u>Holbrook, Ariz.</u>					